City of Coon Rapids
Mechanical Permit Application

Property Owner

Name:_____________________________________________________ Contact Person: ________________________________________
Address:____________________________________________________________________ Unit #: ______________________________
City:_______________________________________  State:_____________ Zip:____________ Phone: ____________________________
Email Address:____________________________________________ ____ Cell: ______________________________________________

Contractor

Name:_____________________________________________________ Contact Person: ________________________________________
Address:_________________________________________________________________________________________________________
Number and Street Name                                                           City
State                                             Zip
Phone:_______________________________ Cell:_______________________ Contractor License#: ______________________________
Email___________________________________________________________  Fax____________________________________________

Residential
☐ New ☐ Replace/Repair ☐ Remodel ☐ Other:______________________________
___ Air Conditioner - type:  ___ HRV/ERV
   central   ___ ductless/split
   Bath Fan
   Chimney/Flue
   Ductwork/Ventilation
   Fireplace (Gas)
   Furnace
   Gas Piping Openings
   In-floor Heat/Hydronics
   Kitchen Hood
   Space/Unit Heater
   Hot Water Boiler
   Wood Burning Unit
   Other (specify): ________________

Commercial
☐ New ☐ Replace/Repair ☐ Remodel ☐ Other:______________________________
___ Air Conditioner
   ____________
___ Bath Fan/PRV
___ Boiler Steam/Hot Water
___ Ductwork/Ventilation
___ Fireplace (Gas/Wood)
___ Fire Dampers/Smoke Dampers
___ Furnace
___ Gas Opening
___ In-floor Heat/Hydronics
___ Kitchen Hood: Type: ____________
___ Refrigeration
___ Roof Top Unit
___ Space/Unit Heater
___ Other (specify): ________________

REQUIRED Description of Work:

Permit becomes void if work does not begin within 180 days or is suspended at any time for over 180 days. Permits issued and Inspections made by the City are a public service and do not constitute any representation, guarantee, or warranty, either implied or expressed, to any person as to the condition of the building or conformance to applicable construction codes. The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of Coon Rapids.

Periodic and/or a final inspection of this work are required by the Minnesota State Building Code. It is the responsibility of the applicant to call the Coon Rapids Inspections Division at 763-767-6476 to schedule an inspection.

Applicant’s Printed Name: ________________________________
Applicant’s Signature: ________________________________ Date: ____________

Fee schedule is online at: coonrapidsmn.gov/696/Permit-Fees
11155 Robinson Dr, Coon Rapids, MN 55433 763-767-6476 Office, 763-767-6573 Fax, buildinginsp@coonrapidsmn.gov